

104 N. Corner St Delcambre LA 70528 337-685-2311

www.Delcambre.net

Office of the FCC Secretary Marlene H. Dortch, Secretary Federal Communications Commission 445 12th Street SW Washington, DC 20554 Received & Inspected
JUL 0 6 2012
FCC Mail Room

Dear Mrs. Dortch,

Enclose is the annual reporting requirements pursuant to WC Docket No. 10-90. Please contact me if any other information is needed.

Sincerely,

Marcy Landry

Mlandry@delcambre.net

337-685-2311

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JUL 0 6 2012

Annual Reporting Requirements pursuant to § 54.313(a)(2)-(6)

FCC Mail Room

WC Docket No. 10-90

AAC DOCK	(et No. 10-30					
§ 54.313(a)(2) – Outage repo	orting				
$\overline{}$	My company was not required to collect this information in 2011.					
		company collected this information pursuant to state utility commission requirement. copy of the report is attached.				
§ 54.313(a)(3) – Unfulfilled service requests						
	My company was not required to collect this information in 2011.					
	My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.					
§ 54.313(a)(4) – Customer complaints per 1000 connections						
	My company was not required to collect this information in 2011.					
	My company collected this information pursuant to state utility commission requirement. A copy of the report is attached.					
§ 54.313(a)(5) – Service quality standards and consumer protection rules						
I certify that the reporting carrier is in compliance with applicable service quality standards and consumer protection rules.						
§ 54.313(a)(6) – Ability to function in emergency situations						
I certify that the reporting carrier can function in emergency situations as set forth in 47 CFR §54.202(a)(2). Specifically, the reporting carrier has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.						
I am authorized to make this certification on behalf of the company named above and, to the best of my knowledge the information reported on this form is accurate. This certification is for the study area(s) listed below. (Please enter your Company Name, State and Study Area Code)						
	npany Name	State / auisian a	Study Area Code	, i		
portun	ioro acquirece	1000000	10700			

(If necessary, attach a separate list of additional study areas and check this box.)

Signed, [Signature of Corporate Officer	Date:	6/28/12				
Matt LeBland						
[Printed Name of Corporate Officer]						
PRESIDENT						
[Title of Corporate Officer]						
Carrier's Name Delcambre Telep Carrier's Address 104 N. Corner St.	hone	Company LLC				
Carrier's Address 104 N. Corner St.	VELC	ambre 1 A 70528				
Carrier's Telephone Number 337-1085-2311						
Carrier 3 relephone Number $\sim 1 - (0 \times 1 - 7)$						